

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

Name of Facility			Permit Nun	nber
Month	Year	Plant Desi	gn Flow	Telephone Number
			mgd	
Facility's e-mail	address (if availa	ble):		

	-									Facility's e-i	mail addr	ess (it ava	ılable):					
Subs	titute fo	r State Fo	orm 1082	9 (R/12-2	2005)					Certified Ope	rator: Nar	me		Class	Certificate	Number	Expirati	ion Date
Pag	e 1 of		Î			wo	CI	HEMICA	LS				RAW	SEWAG	BE			
		ant 1 MGD on	e (optiona	nches	it Site)	em Overfli)	Эау	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	ate			ptional)	l/gu	sg	l/ɓu		
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs/Day	C C PS	S Tps	Influent Flow Rate (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs (optional)	Susp. Solids - mg/l	Susp. Solids - Ibs (optional)	Phosphorus - mg/l	Ammonia - mg/l	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE	OF CERTIFIED OPERATOR)	
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(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(DATE)

Monthly Report of Operation	
Trickling Filter or RBC	
Wastewater Treatment Plant	

(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

(DATE)

Name of Facility Permit Number For Month Of: Year

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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	F	RIMAR	Y		RI	3C			CONDA			F	INAL EI	FFLUEN	Т			
	E	FFLUEN	IT	Trickling				Е	FFLUEN	IT								
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l		
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Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
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(SIGNATURE OF CERTIFIED OPERATOR)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT)

(DATE)

(DATE)

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			•			FI	NAL EFFLUENT									
	FI	ow		BC	DD	1	Total Suspended Solids				Amn	nonia		Oth	er	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Trickling Filter or RBC (SIGNATURE OF CERTIFIED OPERATOR)

rickling Fil	ter or RBC			(SIGNATURE OF CERTIFIED OPERATOR)	(Date)
Vastewater	Treatment PI	ant			
ame of Facility	Permit Number	For Month Of:	Year		
				(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(Date)
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Page 4			for State F	orm 10829	9 (R/12-200	J5)	AUTHORIZED AGENT)							
	SLUD	GE TO	<u> </u>				DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (Only	awn	mg/l	ming	sted	ming	ssted	ıdrawn		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue Indianapolis, Indiana 46204-2251